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## BIB DATA SHEET

CONFIRMATION NO. 4597

| SERIAL NUMBER | FILING or 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/725,479    | 12/03/2003<br>RULE       | 602   | 3772           | SIGU3013/JJC           |

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/437,146 12/31/2002  
 and claims benefit of 60/482,775 06/27/2003  
 and claims benefit of 60/503,546 09/17/2003  
 and claims benefit of 60/518,317 11/10/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 02/27/2004

|  |   |  |                             |                       |                    |                         |
|--|---|--|-----------------------------|-----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119(a-d) conditions met                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>ICELAND | SHEETS DRAWINGS<br>10 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>2 |
| Verified and<br>Acknowledged<br>_____<br>/KIM M LEWIS/<br>Examiner's Signature |   | Initials                                     |                             |                       |                    |                         |

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## TITLE

Wound dressing having a facing surface with variable tackiness

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>892 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|